

#31

REPORTS INVENTORY						CONTROL NO.	
PREPARE IN DUPLICATE							
1. TITLE OF REPORT (If a fill-in report include Form No.) Reimbursable Reports on Navy/Marine Corps					2. TYPE OF REPORT		<input checked="" type="checkbox"/> STATISTICAL <input type="checkbox"/> NARRATIVE <input type="checkbox"/> MACHINE-NAME LISTING
3. FUNCTIONAL AREA		<input checked="" type="checkbox"/> PERSONNEL <input type="checkbox"/> LOGISTICS <input type="checkbox"/> MEDICAL	<input type="checkbox"/> TRAINING <input type="checkbox"/> SECURITY <input checked="" type="checkbox"/> FINANCE	ADMIN. GENERAL OTHER (specify)			
4. NO. OF COPIES PREPARED Orig & 3		5. FREQUENCY (weekly, monthly, quarterly, etc.) Monthly			6. DISTRIBUTION (No. of components not number of copies) One (1)		
7. FORMAT (memorandum, form computer print-out, etc) Agency Memo		8. ADP PROCESSING <input type="checkbox"/> YES IF YES GIVE ADP PROCESSING NO. <input checked="" type="checkbox"/> NO		9. DIRECTIVE AUTHORITY REQUIRING REPORT Requirement by the Navy and the Marine Corps.			
10. PREPARING COMPONENT (include lowest level contributing information to report) MMPD/MDBr/ANMCsec			11. FEEDER REPORTS (State total number and identify by Title, Form No., or nomenclature. Attach separate sheet if necessary.) NONE				
12. COST FACTORS							
A. MANUAL PREPARATION AND REVIEW COSTS							
GRADE	HOURLY RATE	X	HOURS PER REPORT	=	COST PER REPORT	X	TIMES PREPARED = COST PER YEAR
GS-05 to GS-15	\$5.00		1/2 hr	=	\$2.50		12 = \$30.00
B. COSTS OF COMPUTER PRODUCED REPORTS							
TOTAL COSTS PER YEAR							
13. COMPLETE DETAILED JUSTIFICATION FOR THIS REPORT (In addition to directive or authority cited in item 9). IF KNOWN, INCLUDE DATE REPORT WAS FIRST STARTED AND COMPONENT WHO ESTABLISHED REQUIREMENT. Report is required to notify NAVY and MARINE CORPS how many personnel are on a reimbursable basis.							
14. FUTURE GOALS							
GOAL PROPOSED BY COMPONENT FOR THIS REPORT						ESTIMATED SAVINGS	
<input checked="" type="checkbox"/> RETAIN AS IS <input type="checkbox"/> CHANGE <input type="checkbox"/> DISCONTINUE						<input type="checkbox"/> OTHER (explain) MAN-HOURS DOLLARS STAT	
16. DATE OF INVENTORY 16Oct70		17. NAME AND TITLE OF PERSON FURNISHING INFORMATION Personnel Mgmt Supv / SSG E-6					18. EXTENSION <input type="checkbox"/>